

MAYORS YOUTH COUNCIL



2010—2011 Membership Application



Thank you to our Community Partners!

**Wichita/Sedgwick County Regional Prevention Center at Mirror, Inc.
357 S. Lulu Street, Wichita, Kansas 67211
(316) 262 - 2421**



**Mayor's Youth Council
Membership Criteria and Application
Deadline for Applying: April 9, 2010**

Application for membership in the Mayor's Youth Council is open to Wichita youth who submit this application before the deadline, reside in the City of Wichita, and are high school students. Applicants must be high school students, 9-11th grade, or middle school students that will be entering high school for the 2010 – 2011 school year.

Purpose

This program is to serve the needs of the youth in the Wichita community. The Mayor's Youth Council will provide an outlet and forum to discuss and address youth issues. The Mayor's Youth Council will provide youth with an opportunity to be engaged in numerous activities that benefit the growth and development of our next community leaders.

According to the Office of National Statistics, nearly a quarter of our national population is made up of people under the legal voting age of eighteen. Although they are not yet able to vote, it's essential that these people are not ignored in our communities.

Throughout the process of students applying and defining their roles as members of the Mayor's Youth Council, students will be actively involved in civic engagement, including community awareness and voting.

Vision

That youth of Wichita are secure, educated, and connected to the community.

Mission

To provide Wichita youth with the opportunity to weigh in on community issues and learn about city government.

A panel will be appointed by the Mayor's Youth Council Advisor to review applications. This panel will invite 40 students to represent Wichita's youth. Selections will be made based on the following:

- ◆ Interest in participating on the Youth Council
- ◆ Academic Achievement and Community Involvement
- ◆ Leadership potential
- ◆ Feedback from references
- ◆ Commitment to attend at least 2 monthly meetings.
- ◆ GPA Requirements for Executive Roles, 3.0. All other positions, 2.5.

To apply:

1. Complete and sign this application (please print or type).
2. Obtain your parent's or legal guardian's signature, giving you permission to participate.
3. Mail or deliver this application by April 9, 2010 to:

**Mayor's Youth Council
Wichita/ Sedgwick County
Regional Prevention Center @Mirror, Inc.
357 S. Lulu
Wichita, Kansas 67211**

If you have any questions, please contact Emily Stephens at the Regional Prevention Center at (316) 262-2421, or estephens@mirrorinc.org

Application

Name: _____

Age: _____ Birthday: _____ Current GPA: _____

School: _____ 2010 - 2011 Grade Level: _____

Address: _____ City: _____, Kansas,

Zip: _____ Cell Phone: _____ Home Phone: _____

Telephone: _____ E-mail: _____

T-Shirt Size: Small Medium Large X-Large XX-Large

The following two questions are asked to gauge the diversity of applicants:

Race or ethnic background: _____ Gender: Male ____ Female ____

In a one (1) page personal statement to be attached to this application, please address why would you like to serve on the Mayor's Youth Council and what you believe are the most important issues for the youth in the community.

What are your governmental interests (local, state, or federal government; city departments, etc.)?

What personal skills and characteristics do you possess that would make you a good Mayor's Youth Council member?

Council meetings are held on the 2nd Monday of the month from 7:00 PM – 8:00 PM. Please note that committee meetings are held at least once a month and are scheduled on a per committee basis.

Check one:

_____ *I am available to attend meetings at that time.*
_____ *I am not available to attend meetings at that time.*

Mayor's Youth Council

List any qualifications or experiences you have that relates to being a member of the Mayor's Youth Council.

What other activities are you involved in?

List previous Mayor's Youth Council positions held (please indicate year), if applicable.

Please list two adult references not related to you, who have worked with you in school or non-school activities (i.e.: counselor, coach, manager, etc). Please also include at least one letter of recommendation from one of the references listed below.

Name

Address

E-mail

Name

Address

E-mail

Mayor's Youth Council Committees

**Please rank the Committees you are most interested in 1 through 7.
(1 - Most Interested to 7 - Least Interested)**

_____ **Academic Achievement**

- The committee will be responsible for producing information and materials that promote education and readiness to learn amongst youth.

_____ **Career Preparation**

- The committee will identify early employment opportunities and highlight different careers for Wichita youth. The committee will also sponsor workshops to teach career skills that youth may need in the future for a successful career.

_____ **Community Services and Support**

- The committee will be responsible for coordinating, planning and organizing community service events.

_____ **Media Relations**

- The committee will assist other committees in marketing Mayor's Youth Council and its events, help during the recruitment process, and research community events that Mayor's Youth Council members can participate in.

_____ **Leadership**

- The committee will identify leadership and teamwork building activities and events that the members of the Mayor's Youth Council can participate in.

_____ **Social and Special Projects**

- The committee will be responsible for coordinating, planning and organizing social events that the Mayor's Youth Council holds throughout the year.

_____ **Fundraising**

- This committee will be responsible for fundraising activities and events that benefit the Youth Council's mission and goals.

Student Signature

I understand the monthly time commitment required for the Mayor's Youth Council. I understand that if I have more than three unexcused absences I may be removed from the Mayor's Youth Council, and that excessive excused absences will be handled on an individual basis. I also know the importance of teamwork and cooperation and will make such a commitment to this council and my fellow council members.

Signature

Date

Parent/Legal Guardian's Signature

As the parent/guardian of _____, I give consent for my child to participate on the Mayor's Youth Council and all related activities.

Parent/guardian signature

Date

Telephone number(s) in case of emergency:

Name of emergency contact(s) and relationship to youth: _____

Telephone number(s) of emergency contact:
